

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
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TOTAL IND.	2											
TOTAL DEP.	32	←	↓	←	↓	←	↓					
TOTAL CLAIMS	34	██████████	██████████	██████████	██████████	██████████	██████████					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS